

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097787341**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/	/					52						
3		/					53						
4	/						54						
5		/					55						
6		/					56						
7	/						57						
8	/						58						
9							59						
10		0					60						
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15		0					65						
16		0					66						
17		0					67						
18		0					68						
19	/	/					69						
20		/					70						
21	/	/					71						
22	/	/					72						
23		/					73						
24		/					74						
25	/	/					75						
26	/	/					76						
27		2					77						
28		0					78						
29		0					79						
30		0					80						
31		0					81						
32		0					82						
33		0					83						
34		0					84						
35		0					85						
36		0					86						
37	/						87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	30						TOTAL DEP.						
TOTAL CLAIMS	39						TOTAL CLAIMS						